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SEP 03 2008

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**MICHAEL W. DOBBINS**

**CLERK, U.S. DISTRICT COURT**

7/18/02

UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF ILLINOIS

**IN FORMA PAUPERIS APPLICATION  
AND  
FINANCIAL AFFIDAVIT**

STATE OF ILLINOIS

Plaintiff

y.

DENNIS W ROGERS JR

Defendant(s)

**08CV5014**

## JUDGE KENDALL

**MAG.JUDGE NOLAN**

Wherever  $\square$  is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT.

I, Dennis W. Rogers Jr, declare that I am the ☐ plaintiff ☒ petitioner ☐ movant (other                     ) in the above-entitled case. This affidavit constitutes my application ☐ to proceed without full prepayment of fees, or ☐ in support of my motion for appointment of counsel, or ☐ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No," go to Question 2)  
I.D. # R41290 Name of prison or jail: MENARD COR. CTR.  
Do you receive any payment from the institution? ☒ Yes ☐ No Monthly amount: \_\_\_\_\_
2. Are you currently employed? ☒ Yes ☒ No  
Monthly salary or wages: \_\_\_\_\_  
Name and address of employer: ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~
- a. If the answer is "No":  
Date of last employment: \_\_\_\_\_  
Monthly salary or wages: \_\_\_\_\_  
Name and address of last employer: \_\_\_\_\_
- b. Are you married? ☐ Yes ☒ No  
Spouse's monthly salary or wages: \_\_\_\_\_  
Name and address of employer: \_\_\_\_\_
3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category
- |    | Received by     | Amount | Yes                      | No                                  |
|----|-----------------|--------|--------------------------|-------------------------------------|
| a. | Salary or wages |        | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
- f. ☐ Any other sources (state source: \_\_\_\_\_) ☐ Yes ☒ No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_
4. Do you or anyone else living at the same address have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
5. Do you or anyone else living at the same address own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No  
Property: \_\_\_\_\_ Current Value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
6. Do you or anyone else living at the same address own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No  
Address of property: \_\_\_\_\_  
Type of property: \_\_\_\_\_ Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Amount of monthly mortgage or loan payments: \_\_\_\_\_  
Name of person making payments: \_\_\_\_\_
7. Do you or anyone else living at the same address own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No  
Property: \_\_\_\_\_  
Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☒ No dependents  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 8-19-08

D. Rogers Jr

Signature of Applicant

Dennis W. Rogers Jr

(Print Name)

**NOTICE TO PRISONERS:** A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

#### CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein, DENNIS W. ROGERS JR, I.D.# R41290, has the sum of \$ .38 on account to his/her credit at (name of institution) MENARD CC.

I further certify that the applicant has the following securities to his/her credit: \_\_\_\_\_. I further certify that during the past six months the applicant's average monthly deposit was \$ \_\_\_\_\_.

(Add all deposits from all sources and then divide by number of months).

8/21/08

DATE

Geraldine Berry

SIGNATURE OF AUTHORIZED OFFICER

GERALDINE BERRY

(Print name)

Time: 11:39am

## Menard Correctional Center

## Trust Fund

d\_list\_inmate\_trans\_statement\_composite

## Inmate Transaction Statement

REPORT CRITERIA - Date: 02/01/2008 thru End: Inmate: R41290; Active Status Only ? : No; Print Restrictions ? : Yes;  
 Transaction Type: All Transaction Types; Print Furloughs / Restitutions ? : Yes; Include Inmate Totals ? : Yes; Print  
 Balance Errors Only ? : No

Inmate: R41290 Rogers, Dennis W. Jr

Housing Unit: MEN-SU-07-03

Date	Source	Transaction Type	Batch	Reference #	Description	Amount	Balance
Beginning Balance:							22.40
02/04/08	Point of Sale	60 Commissary	035779	695982	Commissary	-21.68	.72
02/04/08	Mail Room	01 MO/Checks (Not Held)	0352113	11458518445	Owens, Debbie	25.00	25.72
02/07/08	Payroll	20 Payroll Adjustment	038159		P/R month of 01/2008	23.04	48.76
02/11/08	Point of Sale	60 Commissary	042779	697672	Commissary	-44.64	4.12
03/10/08	Payroll	20 Payroll Adjustment	070169		P/R month of 02/2008	27.84	31.96
03/10/08	Point of Sale	60 Commissary	0707120	704107	Commissary	-30.03	1.93
03/14/08	Disbursements	80 Postage	074359	Chk #84744	61746, DOC: 523 Fund Inmate Re, Inv. Date: 03/13/2008	-1.14	.79
03/14/08	Mail Room	01 MO/Checks (Not Held)	0742113	793771493	Rogers, Pat	50.00	50.79
03/18/08	Mail Room	01 MO/Checks (Not Held)	078245	11458519841	Owens, Debbie	25.00	75.79
04/03/08	Disbursements	88 book	094359	Chk #85034	88213171, Hamilton, Edward R., Inv. Date: 03/31/2008	-19.45	56.34
04/04/08	Payroll	20 Payroll Adjustment	095169		P/R month of 03/2008	28.80	85.14
04/07/08	Point of Sale	60 Commissary	098746	709437	Commissary	-39.69	45.45
04/15/08	Point of Sale	60 Commissary	106746	711825	Commissary	-8.45	37.00
04/22/08	Point of Sale	60 Commissary	1137120	713147	Commissary	-8.68	28.32
04/22/08	Mail Room	01 MO/Checks (Not Held)	1132113	11458529763	Owens, Debbie	20.00	48.32
04/28/08	Disbursements	88 books	119359	Chk #85585	88213502, Noble Knight Games, Inv. Date: 04/25/2008	-22.00	26.32
04/30/08	Disbursements	80 Postage	121359	Chk #85585	64765, DOC: 523 Fund Inmate Re, Inv. Date: 04/14/2008	-1.14	25.18
05/06/08	Point of Sale	60 Commissary	126749	713484	Commissary	-22.46	2.72
05/06/08	Payroll	20 Payroll Adjustment	127159		P/R month of 04/2008	28.80	31.52
05/12/08	Point of Sale	60 Commissary	1337120	715965	Commissary	-28.48	3.04
05/15/08	Disbursements	90 Medical Co-Pay	136359	Chk #86006	67405, DOC: 523 Fund Reimburse, Inv. Date: 05/08/2008	-2.00	1.04
06/04/08	Mail Room	01 MO/Checks (Not Held)	1562113	12112894787	Owens, Debbie	20.00	21.04
06/05/08	Payroll	20 Payroll Adjustment	157159		P/R month of 05/2008	28.80	49.84
06/09/08	Point of Sale	60 Commissary	1617123	721685	Commissary	-41.76	8.08
06/13/08	Disbursements	80 Postage	165359	Chk #86321	70911, DOC: 523 Fund Reimburse, Inv. Date: 06/05/2008	-5.95	2.13
06/13/08	Disbursements	90 Medical Co-Pay	165359	Chk #86321	68665, DOC: 523 Fund Reimburse, Inv. Date: 05/18/2008	-2.00	.13
07/01/08	Mail Room	01 MO/Checks (Not Held)	1832113	12112900536	Owens, Debbie	20.00	20.13
07/07/08	Point of Sale	60 Commissary	189772	726293	Commissary	-20.00	.13
07/07/08	Payroll	20 Payroll Adjustment	189159		P/R month of 06/2008	28.80	28.93
07/14/08	Point of Sale	60 Commissary	1967123	728241	Commissary	-23.56	5.37
07/31/08	Disbursements	80 Postage	213359	Chk #87038	75432, DOC: 523 Fund Reimburse, Inv. Date: 07/15/2008	-2.02	3.35
07/31/08	Disbursements	80 Postage	213359	Chk #87038	75431, DOC: 523 Fund Reimburse, Inv. Date: 07/15/2008	-2.02	1.33
08/04/08	Point of Sale	60 Commissary	2177120	731591	Commissary	-1.15	.18
08/04/08	Mail Room	01 MO/Checks (Not Held)	2172113	903443498	Rogers, Patricia	25.00	25.18
08/07/08	Payroll	20 Payroll Adjustment	220159		P/R month of 07/2008	23.04	48.22
08/11/08	Point of Sale	60 Commissary	224772	733736	Commissary	-45.84	2.38

## Menard Correctional Center

Time: 11:39am

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d\_list\_inmate\_trans\_statement\_composite

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Balance Errors Only ? : No

Inmate: R41290 Rogers, Dennis W. Jr

Housing Unit: MEN-SU-07-03

Total Inmate Funds:	2.38
Less Funds Held For Orders:	.00
Less Funds Restricted:	2.00
Funds Available:	.38
Total Furloughs:	.00
Total Voluntary Restitutions:	.00

## RESTRICTIONS

Invoice Date	Invoice Number	Type	Description	Vendor	Amount
08/07/2008	78055	Dist	Medical Co-Pay	99999 DOC: 523 Fund Inmate Reimburseme	\$2.00
Total Restrictions:					\$2.00

Time: 11:30am

## Menard Correctional Center

## Trust Fund

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08/11/08	Point of Sale	60 Commissary	224772	733736	Commissary	-45.64	2.38
08/15/08	Disbursements	90 Medical Co-Pay	228359	Chk #87283	78055, DOC: 523 Fund Reimburse, Inv. Date: 08/07/2008	-2.00	.38

Date: 8/21/2008

Time: 11:30am

Menard Correctional Center

Trust Fund

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Housing Unit: MEN-SU-07-03

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Less Funds Held For Orders:	.00
Less Funds Restricted:	.00
Funds Available:	.38
Total Furloughs:	.00
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